

### Schedule A: Program Narrative

<b>1. Reporting Period</b>		<b>2. Fiscal Year</b>	
<b>3. State/Grantee</b>		<b>4. Date</b>	

**A. Activities, Accomplishments/New Initiatives and Challenges/ Emerging Issues:** Report any activities, accomplishments and challenges in the administration or implementation of the refugee program, including those related to the AOGP and activities related to refugees' attainment of self-sufficiency and integration. Report by currently funded ORR program (RCA, RMA, Medical Screening, RSS, each set-aside or other refugee service program).

<b>1. Program</b>	<b>2. Activities</b>	<b>3. Accomplishments and New Initiatives</b>	<b>4. Challenges and Emerging Issues</b>

**B. Quarterly Consultations:** Report provide total number of meetings in the reporting period weather they are statewide, regional or local, provide general description of stakeholders attending and main issues discussed.

<b>1. Number of consultations in the state during the reporting period</b>	
<b>2. List cities/dates where consultations were held:</b>	
<b>3. General description of stakeholders who attended consultations</b>	
<b>4. Main issues discussed in the consultations</b>	

**C. Performance Measures:** What outcome measures does the state use to measure performance among vendors, such as performance targets, performance improvement measures, etc.? Provide general description of performance measures used by the states for any of the ORR funded programs (RCA, RMA, Medical Screening, RSS, each set-aside or other refugee service program).

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**D. Monitoring Activities**

<b>1. Agency Name</b>	<b>2. Program</b>	<b>3. Location</b>	<b>4. Date</b>	<b>5. Purpose</b>	<b>6. Corrective Action Identified? (Yes/No)</b>

**E. Corrective Actions:** Discuss the results of follow-up to corrective action plans identified in previous reporting periods.

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**F. Optional: Client Success Stories:** If possible, describe success stories of refugees who received service during this reporting period.

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